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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/846,342

Filing Date 04/30/2001

First Named Inventor George Jackowski

Art Unit 1641

Examiner Name Bao-Thuy L. Nguyen

**RECEIVED**

DEC 02 2004

**OFFICE OF PETITIONS**

Total Number of Pages in This Submission

Attorney Docket Number 2132.026

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE)
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Ferris H. Lander McHale & Slavin, P.A.
Signature	
Date	11/23/2004

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed	Cathy Nicholson
Signature	
	Date 11/23/04

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**FEE TRANSMITTAL**  
**for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 685.00)

**Complete if Known**

Application Number	09/846,342	RECEIVED
Filing Date	04/30/2001	DEC 02 2004
First Named Inventor	George Jackowski	OFFICE OF PETITIONS
Examiner Name	Bao-Thuy L. Nguyen	
Art Unit	1641	
Attorney Docket No.	2132.026	

**METHOD OF PAYMENT (check all that apply)**
 Check    Credit card    Money Order    Other    None
 Deposit Account:Deposit Account Number  
Deposit Account Name

50-1803

Syn X Pharma, Inc.

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee			
1002 330	2002 165	Design filing fee			
1003 520	2003 260	Plant filing fee			
1004 750	2004 375	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
<b>SUBTOTAL (1) (\$)</b>					

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			- 3** =	X	=

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>		

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			
1053 130	1053 130	Non-English specification			
1812 2,520	1812 2,520	For filing a request for ex parte reexamination			
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action			
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action			
1251 110	2251 55	Extension for reply within first month			
1252 410	2252 205	Extension for reply within second month			
1253 930	2253 465	Extension for reply within third month			
1254 1,450	2254 725	Extension for reply within fourth month			
1255 1,970	2255 985	Extension for reply within fifth month			
1401 320	2401 160	Notice of Appeal			
1402 320	2402 160	Filing a brief in support of an appeal			
1403 280	2403 140	Request for oral hearing			
1451 1,510	1451 1,510	Petition to institute a public use proceeding			
1452 110	2452 55	Petition to revive - unavoidable			
1453 1,300	2453 650	Petition to revive - unintentional			685.00
1501 1,300	2501 650	Utility issue fee (or reissue)			
1502 470	2502 235	Design issue fee			
1503 630	2503 315	Plant issue fee			
1460 130	1460 130	Petitions to the Commissioner			
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)			
1806 180	1806 180	Submission of Information Disclosure Stmt			
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))			
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))			
1801 750	2801 375	Request for Continued Examination (RCE)			395.00
1802 900	1802 900	Request for expedited examination of a design application			
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
<b>SUBTOTAL (3) (\$)</b>		<b>SUBTOTAL (3) (\$)</b> 1080.00			

(Complete if applicable)

Name (Print/Type)	Ferris H. Lander	Registration No. (Attorney/Agent)	43,377	Telephone (561) 625-6575
Signature	<i>Ferris H. Lander</i>			
Date	<i>11/23/2004</i>			

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